



EVALUATION OF THE ASIA PACIFIC INTER-COUNTRY TEAM

FINAL REPORT
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EXECUTIVE SUMMARY

Located in Bangkok, Thailand, the Asia and Pacific Inter-Country Team (APICT) was established in July 1996. The original mandate (see Box 1), composition, and profiles of the Team members were discussed and finalized in regional meetings of cosponsors following a needs assessment.

Box 1

TERMS OF REFERENCE OF THE INTER-COUNTRY TEAMS

- Broker and provide technical support to countries through the UN system and country program advisers;
- Develop partnerships with regional entities including Cosponsors;
- Support information and technical resource networking;
- Support programs on selected cross-border issues relevant to the region and;
- Identify and promote best practices at regional level.

Successive Team Leaders have focused on different areas of the above broad Terms of Reference according to their respective visions and the changing environment at Headquarters. Before the Secretariat's realignment in April 2001, APICT was seen as a technical team providing assistance in specific areas related to HIV/AIDS. After the restructuring, all the Inter-Country Teams (ICTs) have assumed a more "generalist" role, thus affecting the way APICT was previously operating¹. Under the new mandate, the ICTs will be playing a key role in the follow-up to UNGASS Declaration of Commitment and taking a greater responsibility in the development & monitoring of UN Integrated Work

¹ Since April 2001, APICT became SEAPICT (South East Asia Pacific Inter-Country Team) and two additional Team Leaders were nominated for the Middle East and South Asia.

Plans, the Unified Budget and Work Plan, and the UN System Strategic Plan at regional level.

In view of the recent changes, it was decided to conduct an evaluation of APICT to assess its relevance, effectiveness, and efficiency², its relationships with other UNAIDS entities, and to make recommendations on its future direction - taking into account the new mandate. The evaluation was initiated by the Evaluation Unit in consultation with Country and Regional Support Department (CRD) and carried out by the Evaluation Unit together with two consultants through desk review and key informants interviews. Main findings on APICT performance in key areas, management, relationships with other entities, as well as recommendations are summarized below.

Review of successive work plans for 1999, 2000, and 2001 and latest progress reports show that APICT was actively involved in regional coordination and advocacy, information sharing, and direct support to project implementation. Advocacy was mainly achieved through the six thematic Task Forces on mobility, drug use, youth, mother to child transmission, care and support, and condom promotion. Key activities in the field of information sharing were the World Bank "Info-Dev project", support to network development, and publication of materials. Direct financial and technical support to project implementation focused on four countries: Myanmar, Cambodia, Thailand, and Vietnam.

² Incomplete information on the work done by APICT during the first three to four years of operation made it difficult to assess its efficiency.

The above achievements were confirmed by key informants' responses. According to most of them, APICT was successful in regional advocacy, information sharing, and coordination (see Box 2). Some, however, thought that it could play a more significant role in advocacy - especially with the private sector and civil society.

Box 2

**Key achievements of APICT
Key informants**

- Regional advocacy, bringing experiences from other countries through different mechanisms such as the thematic Task Forces
- Information sharing as a tool for advocacy: SEA-AIDS, ASEAN Harm reduction network, Info-Dev project
- Regional coordination, working with cosponsors on regional strategy and assisting in the linkage between governments and the UN system

As regional advocacy was partly achieved through the thematic UN Task Forces, respondents were asked about their benefit and suggestions for improvement. All pointed out that Task Forces could be beneficial at both country and regional levels if two conditions were met. First, selecting the right participants is key to a successful Task Force. They should be at policy level to impose policies, implementation level to be able to implement, and committed enough to transfer skills to other country counterparts. For this, country partners including Country Program Advisors (CPAs) would need to be involved in the planning phase. Second, follow-up mechanisms at country level should be set up on decisions made at the meetings.

Concerning its role in strategic guidance, a large number of regional key informants thought that the Team members were not sufficiently equipped to provide advice on prioritisation of HIV/AIDS programs using a holistic approach to issues presented to them. "The way the Team looked at things was technical and not strategic", indicated one regional respondent.

Another essential area seen as neglected by APICT was the development of a solid technical resource network to respond to demands made by all stakeholders at both regional and country levels. Instead, the Team was reported to be often providing direct technical support to countries on ad-hoc basis reaching some of them in view of the huge number covered and its limited capacity. However, this issue is not specific to APICT. Developing technical resource networks remains a challenge for the Secretariat and solutions need to be found at all levels including at Headquarters level.

When asked about APICT leadership, a clear message came out of key informants responses: though the team leaders were outstanding persons in their field, they did not fit the profile required for leadership of the team. They lacked strategic skills and did not possess a solid knowledge of the UN system. This was compounded by their "low" status – as compared to heads of other agencies – and lack of authoritative role due to the Secretariat organizational structure, making it extremely difficult to manage relationships with regional UN agencies.

The internal management system could also be improved. The Team did not have a sound monitoring system where

tangible outputs were defined for performance measurement and enforcement of accountability. Progress reports – when available – were descriptive and could not provide enough information on the work accomplished by the Team.

Relationships with UNAIDS entities at country, regional, and global levels seem to have been a real challenge to APICT Team members. Most respondents recognized that APICT was allocating too much time on servicing and coordinating the regional cosponsors instead of providing them with strategic guidance in their respective HIV/AIDS programs. Further discussions with Team members revealed the complexity of the issue. They, sometimes, had to undertake cosponsors' supposed technical activities because of lack of capacities in their respective regional offices. It is expected that the expansion of cosponsors' technical expertise in the area of HIV/AIDS will take place in the near future, allowing the ICT to focus on its new mandate.

The relationships with the Parent Department in Geneva and CPAs have also partly handicapped APICT work. UNAIDS Geneva was perceived as micro-managing the Team, adopting a top down approach to regional issues, often making urgent requests, and not providing enough guidance and clarification with respect to APICT role. Interactions with CPAs depended on personal affinities rather than on country needs. This was mainly due to the fact that CPAs directly report to Headquarters and, to a lesser extent, the lack of knowledge about what the ICT can offer. This lack of clarity in respective roles of CPAs and the ICT was reported as a serious issue since both CPAs and the ICT need support from each other to

ensure that country strategies are adequately fed into regional or global strategies as well as to learn lessons from other countries.

In conclusion, the Team was able to deliver useful service to the UN system. However, its performance levels would have been far higher with a stronger leadership, better vision, and an operating environment conducive to effective work. The successive changes in Team leadership and reporting mechanisms, and the numerous demands from various partners constituted serious constraints to APICT operation, making it difficult to focus on functions where it can make a difference. Without improvements in those areas, the recent realignment will not have the expected impact.

A number of recent changes, however, provide a good stepping stone for the future:

- The new mandate – shifting from a technical to a generalist role – was seen as more relevant to the region although some were concerned about the gaps that this could create. This clear shift puts some pressure on cosponsors' plan to ensure the existence of technical expertise in their house.
- The fact that CPAs and the new SEAPICT are now reporting to the same unit in UNAIDS headquarters is an improvement, hopefully leading to more integrated work plans between the three units (Headquarters, SEAPICT, and CPAs). This seems to have started this year as indicated by the Associate Director for this region.
- The separation of South Asia and Middle East teams is also a long overdue step although further

prioritization and more proactive approach in the country selection are still required from SEAPICT.

- The decision of the Global Fund not to route money through UNAIDS will allow SEAPICT to focus on core functions such as strategic guidance, dissemination of strategic information, and technical resource networking rather than depend on funding capacity to influence the regional agenda.
- The decision of the Global Fund to finance country- led programs will also permit building stronger ties with governments, rather than facilitating cosponsors.

Based on the above findings and suggestions made by respondents, some concrete actions are recommended for further discussion with the Secretariat. SEAPICT should

1. Play a leading role in regional advocacy on HIV/AIDS to build ownership to UNGASS from all stakeholders. *Key formal partners:* Regional cosponsors and ESCAP
2. Assist governments in the development of comprehensive HIV/AIDS strategies based on countries' needs and in line with UNGASS Declaration of Commitment. The stress should be put on *one* strategy covering all partners' own programs, while ensuring that governments are in the driver's seat. *Key partner:* CPAs and Theme Groups
3. Develop technical resource networks needed by the governments to implement, monitor and evaluate national strategic plans. *Key partners:*

Cosponsors, bilateral agencies, national AIDS programs

4. Strengthen the current information sharing systems in the sub-region for informed planning. *Key partners:* Existing networks, Regional cosponsors, regional NGOs, the private sector, CPAs
5. Assist regional stakeholders in the development of coordinated policies on cross-border issues. *Key partners:* CPAs and ESCAP

UNAIDS at both regional and country levels should have the organizational structure needed for more effective performance of the above-mentioned functions. Three options are suggested:

- *Option 1: Relocation of the position of Associate Director to Bangkok.* The South Asia Pacific Desk relocates to the region, making the regional director closer to his supervisees, partners, and clients (CPAs, regional cosponsors, governments)
- *Option 2: Upgrading the position of Team Leader.* If relocation of the Associate Director proves impossible, the alternative is to upgrade the position of the Team Leader to D1 for more credibility with regional partners and give SEAPICT more independence vis-à-vis its Parent Department to address the issue of micro-management. Team Leader attributes should include leadership, vision, management skills, solid knowledge of the UN system, communication, openness, and decisiveness.
- *Option 3: If both options prove impossible, give SEAPICT more*

independence from the Parent Department and an authoritative role at regional level to be able to operate effectively.

Under the three options, additional adjustments are needed:

- Institutional linkage between the Parent Department, SEAPICT, and CPAs work planning exercise to avoid “parallel regional activities” from Headquarters and to ensure strategic regional support, especially for those countries requiring intensive assistance. Work plans should include support to governments in the identification of strategic priorities based on sound analysis; set up of mechanisms for accountability; and identification of key partners for implementation, monitoring and evaluation.
- Empowerment of CPAs through strategic positioning between the governments and the Resident Coordinators. He/she should have strong strategic skills to allow him to keep this positioning and be the lead advisor to the government on the development of the comprehensive national strategies – drawing on the resources and expertise of the UN Theme Groups, SEAPICT and Technical resources identified by SEAPICT. This will help in the preparation of the Global Fund proposals.
- Internal management systems should be strengthened by developing clearly defined work programs and measurable outputs and possibly using tools such as 360 degree evaluation for individual performance evaluation.

- Ad-hoc requests not directly related to its mandate should be managed carefully, bearing in mind the implications on SEAPICT work plans.

- The geographical scope of its work should be reduced. SEAPICT need to adopt a proactive approach in the review of countries to be covered based on its limited capacity and type of support needed by respective countries. Countries could be divided into two categories:

Category 1: Intensive support to initiate their strategies;

Category 2: Targeted support in certain areas.

- The current budget should be reviewed to ensure that SEAPICT has the required financial resources to perform the proposed functions.

It should be understood that the above arrangement suits the needs of South East Asia and may not be applicable to other regions.

1. INTRODUCTION

The UNAIDS monitoring and evaluation plan³ gives high priority to evaluating the Secretariat's strategic functions at global, regional, and national levels for learning and accountability purposes. At regional level, the Secretariat has already carried out a first evaluation of the West and Central Africa Inter-Country Team and the regional AIDS initiative for Latin America and Caribbean (SIDALAC). The assessment of the Inter-Country Team based in Pretoria will be carried out in 2003. As APICT evaluation comes after the recent UNAIDS Secretariat realignment, the new focus of the Secretariat including the revised profile of the Team was taken into account in the exercise.

The Evaluation Unit, PDC had the ultimate responsibility for the evaluation, while informing the Department of Country and Regional Support of all developments throughout the process. The Unit conducted the evaluation together with two consultants, one international and one local. SEAPICT participated in the selection of the consultants and the design stage of the evaluation. SEAPICT also provided inputs to the draft evaluation report and will elaborate a follow-up plan based on the recommendations.

Purpose and scope of the evaluation

The purpose of the evaluation was to examine the added value of the Team and provide conclusions and recommendations on objectives, functions and management for

improved performance. It was guided by the DAC criteria of relevance, effectiveness, and efficiency stated in the DAC principles for evaluation of development assistance⁴. The evaluation focused on:

- The assessment of the Team's main achievements over the past five years;
- The analysis of the strategic priorities that guided the Team's work;
- The extent to which the Team was able to achieve its objectives over the last five years;
- The appropriateness of the Team as an approach used to implement UNAIDS objectives at regional level;
- The extent to which the objectives and focus areas of the Team were relevant to the needs of the region;
- The extent to which the new objectives of the Team are more relevant to the needs of the region, and;
- The role and relationships with its "parent" department in Geneva, Country Program Advisors (CPAs), and regional cosponsors.

The evaluation did *not* examine the ultimate impact in terms of reduced transmission of HIV/AIDS and mitigation of its impact in view of the difficulty of attribution to the action of the Team.

³ Development of the Monitoring and evaluation plan from activity monitoring towards an accountability framework in a multi-partner collaboration. UNAIDS/PCB(7)/98.4

⁴ The DAC Principles for the Evaluation of Development Assistance; OECD (1991)

Methodology

A draft evaluation plan was developed by the Evaluation Unit, shared and discussed with the Team members as well as relevant regional stakeholders during the Evaluation Unit's first visit to Bangkok (24 September – 4 October 2001) through individual meetings and a feedback session held on October 1, 2001 with a core Group.

Selection of countries to be visited

During the feedback session, the core Group discussed the selection of countries to be visited for the evaluation based on criteria such as prevalence rate (high in the general population or concentrated), country category⁵, geographical distribution, as well as level of national response. The Group also ensured that selected countries were included in the list of SEAPICT priority countries for the next two years and have CPAs and functional UN theme groups.

Data collection, entry, analysis, and report-writing

Instruments used for data collection included desk review of relevant documents and key informants' guidelines. Semi-structured interviews were conducted with a total of 50 key informants at global, regional, and country levels. The selection took into account SEAPICT direct interaction with people to be interviewed and representation from co-sponsors, national governments, bilateral agencies, NGOs, and the private sector. Face-to-face interviews followed by self-completed questionnaires with the Team members (total of seven respondents)

were also conducted. Information derived from the key informants was coded according to a specifically designed typology. Interviews were conducted from November to December 2001 (*see Annex 2, Key informants guidelines, Annex 3, list of documents reviewed, Annex 4, List of persons interviewed*).

Direct beneficiaries of the evaluation

The direct beneficiaries of the evaluation are:

- SEAPICT
- UNAIDS at global, regional, and national levels,
- UNAIDS donors and the Program Coordinating Board (PCB),
- National AIDS program managers, and
- NGOs and other UNAIDS partners at both regional and country levels.

2. THE ASIA PACIFIC INTER-COUNTRY TEAM/SOUTH EAST ASIA PACIFIC INTER-COUNTRY TEAM

In mid 1995, the South East Asia HIV/AIDS Project (SEAHAP) was established as a joint project of the World Bank and WHO. From the beginning, the intention was to have an inter-country team, a resource hub and *not* a regional bureau, *not* a forced conduit to control countries. The idea was to have a group of political analysts based in Bangkok to analyze issues and formulate proposals. However, partners were hostile to this creation because it was a World Bank project.

⁵ Developed by the UN system

In July 1996, SEAHAP was merged into UNAIDS and became UNAIDS Asia Pacific Inter-Country Team (APICT) located in Bangkok. APICT was established following a needs assessment that:

- Mapped available resources for technical collaboration within UNAIDS Cosponsors, bilateral agencies, and international NGOs,
- Assessed needs in countries and at inter-country level, and
- Identified gaps between needs and available resources with a special emphasis on those gaps that might be covered by UNAIDS.

Findings were discussed in regional meetings of Cosponsors where the terms of reference (see below), the composition of the ICT and the profiles of their members were finalized.

Regional structures were found to be strategic for:

- Cross border issues including mobile populations,
- Regional approaches and networking through which experiences relevant to countries' work are shared,
- Effective responses to countries' technical support needs, and collaboration with Cosponsors' regional and inter-country entities.

The following terms of reference were, therefore, given to all Inter-Country Teams:

- Broker and provide technical support to countries through the UN system and country program advisers (CPAs); Special attention was supposed to be given to those countries in South East Asia classified by UNAIDS as priority one and priority two countries.
- Identify and promote best practices at regional level;
- Develop partnerships with regional entities including Cosponsors;
- Support information and technical resource networking and;
- Support programs on selected cross-border issues relevant to the region

The Secretariat's restructuring in April 2001 shifted the Team's approach from a technical to a more generalist one. Previously, APICT was focusing on two "priority" program areas (migrant labour and drug use) while following the broad terms of reference described above. Now, the Team will be taking a greater responsibility in the development & monitoring of UN Integrated Work Plans, the Unified Budget and Work Plan, and the UN System Strategic Plan at regional level. The Team will also ensure proper follow-up on UNGASS declaration of commitment. (*For detailed terms of reference of the Inter-Country Team before and after the realignment, see Annex 1*).

Such change affected the distribution of responsibilities among the Team members. From experts in specific areas⁶, all team members became

⁶ 1 Team leader, 1 Information Support Manager, 1 Community Mobilization Adviser, 1 UNAIDS/CST Adviser on Reproductive health HIV/AIDS and

“Program Development Advisors” with the same terms of reference yet focusing on different countries.

Over the last five years, three persons occupied the position of Team Leader, slightly changing the focus of APICT work according to their respective visions. The reporting mechanisms have also been modified three times since APICT’s establishment. First administratively located in the Department of Country Support, APICT was transferred in 1998 to the Department of Policy, Strategy and Research as most of its activities related to that Department’s mandate. With the recent realignment, APICT⁷ – now called South East Asia Pacific Inter-Country Team (SEAPICT) - reports back to its geographical division in the Department of Country and Regional Support (CRS), covering only South East Asia and Pacific (a total of 40 countries) instead of the entire Asia (a total of 69 countries). Two other Team Leaders were assigned to the Middle East and South Asia respectively.

Initially composed of three staff, APICT was strengthened, reaching a total of nine professionals at the time the evaluation was conducted. The annual budget - between US\$1.5 million and US\$ 2 million by the end of 2001 - was drastically reduced following the realignment (US\$ 440,000) partly because of new mandate and the smaller number of countries covered.

STD, 1 Programme and external relations adviser, 1 Inter-country Technical Adviser Communication and Social Mobilization, 1 Inter-country Technical Adviser on drug use and HIV, 1 Health System & HIV Adviser

⁷ This evaluation assessed the work accomplished by APICT and made recommendations to SEAPICT, based on findings and the new mandate given to the ICTs.

3. FINDINGS AND CONCLUSIONS

The following findings and conclusions are based on a combination of information from key informants at country, regional, and global levels and desk review. For more details on country findings, please refer to summaries of country visits (Annex 7).

APICT performance in key areas

Review of successive work plans for 1999, 2000, and 2001 and latest progress reports show that APICT was actively involved in regional coordination and advocacy, information sharing, and direct support to project implementation. Advocacy was mainly achieved through the six thematic Task Forces on mobility, drug use, youth, mother to child transmission, care and support, and condom promotion. Key activities in the field of information sharing were the World Bank “Info-Dev project”, support to network development, and publication of materials. Direct financial and technical support to country project implementation focused on four countries: Myanmar, Cambodia, Thailand and Vietnam. (See Annexes 5 and 6, *Work plans 1999, 2000, 2001; Summary of APICT key achievements*)

According to respondents, APICT was successful in regional advocacy, information sharing, and coordination. Some, however, thought that it could play a more significant role in advocacy - especially with the private sector and civil society. APICT was seen as less successful in providing strategic leadership and guidance to its regional and country partners and on developing technical resource

networks at regional level, two of its core functions.

Regional advocacy

As a neutral convener of different interests, APICT was active in policy dialogue. It also shared country experiences through different mechanisms such as the thematic Task Forces. Some respondents, however, thought that more efforts need to be made with the private sector and civil society.

Thematic Task Forces

During the first years of operation, APICT devoted a large part of its time to the coordination of the thematic Task Forces⁸, providing both technical and administration assistance. Its involvement decreased as Cosponsors have taken greater responsibilities in their management. The purpose of those Task Forces is to:

- ✓ share Best Practices;
- ✓ advocate for certain issues; and
- ✓ discuss future interventions.

The impact of UN Task Forces originally managed by APICT was not thoroughly covered in this evaluation in view of its reduced role over the years and the fact that an independent review of the first ones was being carried out simultaneously. Respondents were mainly asked about the benefit of the Task Forces and suggestions for improvement. All pointed out that Task Forces could be beneficial at both country and regional levels if two conditions were met. First, selecting the right participants is key to a successful Task Force. They should be at policy level to impose policies, implementation level to be able to implement, and committed

enough to transfer skills to other country counterparts. For this, country partners including Country Program Advisors would need to be involved in the planning phase. Second, follow-up mechanisms at country level should be set up on decisions made at the meetings. Box 3 summarises the criteria for a “Best Practice Task Force”.

Box 3

Best Practice Task Force

- ✓ Link with countries through working group
- ✓ Official TOR from governments
- ✓ Right people participating in the meetings from both countries and regional offices
- ✓ Clear outputs and implementation plans produced at each meeting
- ✓ Research, evaluation, and examples shared in other countries
- ✓ Follow-up mechanisms at country level in place
- ✓ Lessons learnt applied

Regional coordination

APICT ensured that key stakeholders from cosponsors, bilateral agencies, governments, NGOs meet on a regular basis to identify strategies on a number of thematic areas. It also assisted in the linkage between governments and the UN system.

The issue of coordination triggered an interesting debate and opposite opinions among respondents. While all commended the work accomplished by APICT, they also recognized the difficulty of this function because of donors’ own agenda, personalities of people who do not accept to be coordinated, or different UN organization structures: some are

⁸ Task Forces on mobility, drug use, youth, PMTCT, care and support, condom promotion

decentralised with power at country and regional levels and others have to rely on headquarters for most decisions to be taken.

When asked about the relevance of this function in view of reported constraints, opinions diverged. Some (mainly representatives from bilateral agencies, the private sector and international NGOs) saw the need for such a role due to duplication of activities whereas others were quite reluctant (mainly cosponsors). A number of respondents wanted the Inter-Country Team to be flexible and gradually shift from a technical to a more generalist role depending on the current needs.

Another concern for most regional respondents was the approach to coordination. All thought that UNAIDS should adopt a bottom-up approach if it were serious about regional coordination mechanisms. The first step in this direction was the consultations held in October 2001 in Bangkok. One of the major outcomes of these consultations was the establishment of regional Theme Groups, similar to CCO at global level and UN Theme Groups at country level. Agencies will, therefore, become accountable to each other on respective plans.

"Global processes need to be brought to the regional level"

Information sharing & technical networking

The Team developed and assisted thematic electronic networks support

centres such as SEA-AIDS, ASEAN Harm reduction network, and produced newsletters on their activities.

Although most respondents thought that those information means were very useful, representatives from NGOs felt that UNAIDS should play a bigger role in mapping HIV/AIDS activities of all partners at country level (who does what and where) to guide implementers in project development. Hopefully, the soon to be established Country Response Information System (CRIS) will be able to address this issue. Also, more work needs to be done in digestion of information, synthesis to be made available to all stakeholders.

Technical resource network (TRN)

An essential area reported by many respondents as neglected by the Team was the development of a solid knowledge resource base to respond to demands made by all stakeholders at both regional and country levels. Instead, the Team was providing direct technical support to countries on ad-hoc basis reaching few of them in view of the huge number covered and its limited capacity. However, this issue is not specific to APICT. Developing technical resource networks remains a challenge for the Secretariat and solutions need to be found at all levels including at Headquarters level.

"The main role of the ICT was to develop TRN at regional level to get ahead of country demand. Since it did not generate those resources, the Team was co-opted into technical support to countries although did not have the right mix of skills. With the Global Fund, the case for resource generation is even more essential".

Strategic guidance

“The way the Team looks at things is technical and not strategic”

“UNAIDS does not seem to take a lead on HIV/AIDS as it should be”

APICT was perceived as less successful in providing strategic leadership and guidance to its regional and country partners, one of its key functions. The Team members were not sufficiently equipped to provide advice on prioritisation of HIV/AIDS programs using a holistic approach to issues presented to them.

APICT Management

Strategic management

APICT was not able to focus on key areas where it can make a difference given its limited capacity, i.e., brokering technical resource networks, knowledge management, and advocacy. Instead, it responded to all demands from regional or country partners and got absorbed by specific tasks. Although this has been beneficial to their partners, it also created gaps in areas it was the only entity entitled to address.

The approach followed by the Team in covering the region was not strategic either. Options such as providing direct support, brokering technical resources, or reducing the number covered by the Team were not sufficiently discussed among Team members. It is clear that the type of relationships developed with CPAs was an impediment to such approach.

Internal management system

Review of key documents and interviews with Team members showed that the internal management system was quite weak. The Team did not have a sound monitoring system where tangible outputs were defined for performance measurement and enforcement of accountability. Progress reports – when available – were descriptive and could not provide a clear idea of what the Team has accomplished.

Skills profile

Though the team leaders were outstanding persons in their field, they did not fit the profile required for leadership of the team. They lacked strategic skills, and did not possess a solid knowledge of the UN system. Poor leadership led to uncontrolled individualism and creation of cliques within the Team to the point that one respondent said: “This is not a Team; it is a collection of people”. However, the lack of continuity in Team leaders (three successive persons occupied the position in five years) did not help build a Team spirit.

Weaknesses in leadership skills were compounded by Team leaders “low status” - as compared to heads of other regional entities - and lack of authoritative role due to the Secretariat organizational structure. This made it extremely difficult to manage relationships with regional partners, mainly UN agencies.

Asked about the right skills for the Team members, interviewees said that they should have inter-country and

multi-core experiences in different areas that can assist countries.

APICT Relationships with other UNAIDS entities

The Team has been interacting with regional and country partners through regular consultations, the six Task Forces, and field visits to selected countries.

Relationships with cosponsors

Regional offices often suffer from their position between country and headquarters structures. The challenge for the Inter-Country Team is even bigger because of UNAIDS unique arrangements. Interviews revealed that APICT was allocating too much time on servicing and coordinating the cosponsors instead of providing them with strategic guidance in their respective HIV/AIDS programs. Further discussions with Team members shed light on the complexity of the issue. They, sometimes, had to undertake cosponsors' supposed technical activities because of lack of capacities in their respective regional offices. This has certainly affected the work plan and probably made Team members neglect key areas that needed to be addressed. The expected expansion of cosponsors' capacity will take place in the near future, allowing SEAPICT to focus on its new mandate.

Relationships with UNAIDS Geneva

The Team members indicated not having received clear instructions or guidelines on their mandate from top management. This did not simplify the role of the respective Team leaders who were not well oriented to their mission and made accountability ambiguous. Also, the Team had to cope with unrealistic deadlines and

urgent requests from Geneva, making it difficult to be effective. Little support from their Headquarters colleagues was reported.

UNAIDS Geneva was perceived by country and regional respondents as micro-managing the Team – particularly the budget – and adopting a top down approach to regional issues.

“The chain of command between UNAIDS Geneva, ICT and CPAs is not clear to us”

“The Team does not really represent UNAIDS Geneva”

Recent changes in the organizational structure (CPAs and the ICT are reporting to the same department in Geneva) were seen as a good move, allowing for more effective coordination between the three UNAIDS entities and additional support from Geneva. The new Associate Director reported that a team building exercise took place this year to strengthen communication between the three Secretariat entities.

The Associate Director was also in favour of a relocation of the Desk in Bangkok for more effective and efficient use of his time. Currently, he spends most of his days on the phone with the Team Leader. Relocation would also give more credibility with regional partners, mainly the UN system. The fact that the Inter-Country Team does not have high “status” causes confusion in the donor community, reported one regional respondent.

Relationships with CPAs

“The reporting system deters an ability to build a team partnership between the ICT and CPAs”

Interactions between CPAs and APICT often depended on personal affinities rather than on country needs, mainly because of the reporting mechanisms⁹ and, to a lesser extent, the lack of knowledge about what the Inter-Country Team can offer. This was reported as a serious issue as both CPAs and the Inter-Country Team need support from each other to ensure that country strategies are adequately fed into regional or global strategies as well as to learn lessons from other countries.

In conclusion, the Team was able to deliver useful service to the UN system. However, its performance levels would have been far higher with a stronger leadership, better vision, and an operating environment conducive to effective work. The successive changes in Team leadership and reporting mechanisms, and the numerous demands from various partners constituted serious constraints to APICT operation, making it difficult to focus on functions where it can make a difference. Without improvements in those areas, the recent realignment will not have the expected impact.

4. RECOMMENDATIONS

At the United Nations Special Session on HIV/AIDS held in June 2001, all governments signed a Declaration of Commitment that includes targets for a large number of programmatic areas. Governments also endorsed the Millennium Development Goals at the General Assembly in September 2001. Progress made against those goals and targets needs to be monitored and

⁹ Since UNAIDS establishment, CPAs report directly to Headquarters and for some time to a different department than the Inter-Country Team

reported on to the United Nations Secretary General through the Resident Coordinator. The goal of SEAPICT – together with its regional and country partners - should be to assist governments in the implementation, monitoring, and evaluation of UNGASS Declaration of Commitment and the Millennium Development Goals.

KEY FUNCTIONS OF SEAPICT

To achieve this goal, SEAPICT should:

1. Play a leading role in regional advocacy on HIV/AIDS to build ownership to UNGASS from all stakeholders. This will help in preparation of the World AIDS Conference scheduled for 2004 in Bangkok.

Key partners: Regional cosponsors and ESCAP

Strategy: Identify - with its key partner ESCAP - a limited number of issues that need to be addressed in the next biennium through special workshops, seminars or the existing/planned regional meetings such as the Task Forces or other mechanisms. Meetings need to be well prepared to have an impact on participants:

- Careful selection of the target audience,
- Technical Resources (materials, human resources),
- In-depth analysis on the issue,
- Logistical services.

2. Assist governments in the development of comprehensive HIV/AIDS strategies based on countries' needs and in line with UNGASS Declaration of commitment. The stress should be put on *one* strategy covering all partners'

own programs, while ensuring that governments are in the driver's seat.

Key partner: CPAs and Theme Groups

Strategy: The Team and CPAs should prepare their work plans jointly to ensure that support is given to the countries by the right person and at the right time. In view of its limited capacity, the Team can either provide direct support in sharpening the government's strategy using experiences from other countries or refer to other regional technical resource networks (see next role).

3. Develop technical resource networks needed by all partners to implement, monitor and evaluate national strategic plans. SEAPICT role would be to act as a catalyst and monitor the work of partners.

Key partners: Cosponsors, bilateral agencies, national AIDS programs

Strategy: Identify – with cosponsors and bilateral agencies - a limited number of areas for which Technical Resource Networks are needed in the next biennium based on the situation analysis in the sub-region. For each network, identify one partner (cosponsors, private institutes etc) who can play the role of Secretariat to those networks:

- Identification of potential experts in the area,
- Building a database,
- Organizing seminars for information sharing and capacity building,
- Requesting technical assistance from the members for governments or other partners.

4. Strengthen the current information sharing systems in the sub-region for informed planning.

Key partners: Existing networks, regional cosponsors, regional NGOs, the private sector, CPAs,

Strategy: The Team should work with the CPAs to ensure that information on the national response and best practices is updated on a regular basis. The Team should design a web site that would have the relevant countries information to avoid the communication costs between Headquarters and CPAs.

5. Assist regional stakeholders in the development of coordinated policies on cross-border issues. The Team should use its unique positioning to initiate the process, especially that a number of issues in the Mekong Sub-Region deserve special and urgent attention.

Key partners: CPAs and ESCAP

Strategy: Identify the issues, the partners, and assist in the development, implementation, monitoring and evaluation of the relevant policies.

GEOGRAPHICAL COVERAGE

To be able to perform these functions, SEAPICT should reduce the geographical scope of its work. SEAPICT needs to review the countries to be covered based on its limited capacity and type of support needed by respective countries. Countries could be divided into two categories:

- Category 1: Intensive support to initiate their strategies;
- Category 2: Targeted support in certain areas.

Countries such as Viet Nam, Cambodia, Myanmar, Laos, and East Timor would probably require more

assistance from the Team in all functional areas discussed above.

ORGANIZATIONAL STRUCTURE

UNAIDS at both regional and country levels should have the organizational structure needed for more effective performance of the above-mentioned functions. Three options are suggested:

- *Option 1: Relocation of the Associate Director to Bangkok.* The South Asia Pacific Desk relocates to the region, making the regional director closer to his supervisees, partners, and clients (CPAs, regional cosponsors, governments)
- *Option 2: Upgrading the position of Team Leader.* If relocation of the Associate Director proves impossible, the alternative is to upgrade the position of the Team leader to D1 for more credibility with regional partners and give SEAPICT more independence vis-à-vis its Parent Department to address the issue of micro-management.
- *Option 3:* If both options prove impossible, give SEAPICT more independence from the Parent Department and an authoritative role at regional level to be able to operate effectively.

Under all options, additional adjustments are needed:

- Institutional linkage between the Parent Department, SEAPICT, and CPAs work planning exercise to avoid “parallel regional activities” from Headquarters and to ensure strategic regional support, especially for category 1 countries. Work plans should include support

to governments in the identification of strategic priorities based on sound analysis; set up of mechanisms for accountability; and identification of key partners for implementation, monitoring and evaluation.

- Empowerment of CPAs through strategic positioning between the governments and the Resident Coordinators. He/she should have strategic skills to allow him to keep this positioning and be the lead advisor to the government on the development of the comprehensive national strategies – drawing on the resources and expertise of the UN Theme Groups, SEAPICT and Technical resources identified by SEAPICT. This will help in the preparation of the Global Fund proposals.

INTERNAL MANAGEMENT

- Internal management systems should be strengthened by developing clearly defined work programs and measurable outputs and using tools such as 360 degree evaluation for individual performance evaluation.
- Ad-hoc requests not directly related to its mandate should be managed carefully, bearing in mind the implications on the Team’s work plan.
- The current budget should be reviewed to ensure that SEAPICT has the required financial resources to perform the proposed functions.

It should be understood that the above arrangement suits the needs of Asia and may not be applicable to other regions.

ANNEXES

ANNEX 1 TERMS OF REFERENCE OF APICT/SEAPICT

APICT key objectives¹⁰

- To support UN System action to strengthen national capability to coordinate, plan, implement, monitor and evaluate an expanded response to HIV/AIDS
- To mobilize and broker specific technical support from the Cosponsors and other partners in the identified priority program areas for expanded responses in countries of South East Asia and the Pacific
- To provide technical and other collegial support on a needs basis to CPAs/NPAs in consultation with CPP Geneva
- To strengthen, catalyze, facilitate and foster regional co-ordination and regional strategic development between and among co-sponsors and key partners such as ASEAN, national governments/NPAs, bilaterals, other multilaterals, INGOs and NGOs
- To facilitate the development and strengthening of formal and informal information and technical networks and resources in South-East Asia and the Pacific
- To develop national and regional political and inter-sectoral commitment to an expanded response to HIV/AIDS

SEAPICT key objectives¹¹

- To provide guidance and technical support to the development, updating and monitoring of national strategic planning processes, development of PAF proposals, and development and updating of the UN integrated work plans
- To mobilize a coordinated response of all stakeholders including Cosponsors at both regional and country levels; this includes its facilitating role for the development and monitoring of the UBW and UNSSP at regional level;
- To facilitate collaboration among regional structures of the UN system including ESCAP and regional offices of UN agencies and organizations
- To support technical resource building in response to strategic priorities through network and best practice development
- To facilitate the exchange and collection of experiences, analysis, and dissemination of strategic information on the epidemic and the response at regional and national levels
- To advocate for political commitment from relevant actors such as governments, decision-makers and community leaders; follow up to UNGASS declaration of commitment and those of the regional summit on HIV/AIDS
- To mobilize key stakeholders at country and regional levels for policy development at regional and global levels, and
- To provide assistance and facilitation at regional level for resource mobilization efforts in support of national responses.

¹⁰ Asia Pacific Inter-country Team. Work plan 2000. Final 4 May 2000

¹¹ South East Asia/Pacific Inter-Country Team Unit Profile. Updated 18/06/01

ANNEX 2 GUIDELINES FOR KEY INFORMANTS INTERVIEWS

I. TEAM MEMBERS

< The following questions are asked to each professional staff member working in the Team. Please write on the interview sheet the date the staff member joined the Team. Notes or probe questions for the evaluator are in italic >

Achievements of SEAPICT (referred hereinafter as “the Team”)

1. What were your individual objectives/targets since you joined the Team?
< Following the response given by the staff member, the evaluator could probe using as a reference the following five main objectives of the Team. The idea is to compare/analyse objectives of individual staff member as stated by the person and the objectives set for the Team:
 - Provision/facilitation of technical support for country partners
 - Facilitation of technical resource networks
 - Contribution to partnership building and regional coordination
 - Contribution to national and regional political and inter-sectoral mobilization against HIV/AIDS
 - Identification of Best Practices at regional levels and reaching target audiences. >
2. Why did you focus on those objectives?
3. For each objective, what have been the key outputs?
< By function, theme, & geographical area >
4. How did you ensure that your objectives were met?
< This refers to management skills of the staff member: use of monitoring tool with tangible targets; priority setting; direct support versus outsourcing and rationale behind it >
5. Concerning more specifically country assistance, how support was given?
< What were the criteria for selection of those countries? Who were your country partners? What type of support did you provide? >
6. What challenges did you face throughout the period?
< Problem of leadership; relationship with CPAs, Geneva etc >
7. According to you, what have been the key achievements of the Team since its creation?
< Please ask them to distinguish between the period they have been in the Team and before >

Relationships with other UNAIDS entities

8. What type of interaction do you have with

- Geneva (Parent Department),
- Regional cosponsors,
- Country Program Advisors

< Respective roles; Type of support given and/or received; Reporting systems; Regularity of interaction >

9. How satisfied are you with your interactions with

- The Parent Department,
- Regional cosponsors, and
- CPAs?

Why?

< Please discuss both quantity and quality of support received by the Team >

10. How could relationships be improved in the future?

New mandate of the Team

11. In light of the regional context, what is your opinion about the new role given to the Team?

< Discussion on relevance of old and new mandates: Is the new one more relevant to the needs of the region? In what ways >

12. How is this new role affecting your individual work?

<How will you be handling the balance between country support and regional activities?>

13. Who will be responsible for activities you were previously responsible for?

< If gaps are envisaged, how could they be filled? >

14. Do you think additional skills are required to fulfil your new role?

< Capacity building for existing staff or new staff >

15. Do you think current resources are adequate for fulfilling this new role?

< Human and financial resources >

16. In view of the new mandate, what type of leadership is required for the Team?

II. REGIONAL COSPONSORS

< For all people interviewed, please indicate on the interview sheet the name, organization, date of interview, the date/period they personally started working with the Team. >

Relationships with the Team

1. What type of interaction do you have with the Team?

< Type of support given and/or received from the Team. Following response given by the respondent, please refer to the main objectives of the Team for probing. Ensure that concrete products/ outputs of the Team are discussed. >

2. How often do you interact with the Team?

3. How satisfied are you with your interactions with the Team? Why?

<Please probe for

- The overall quality and responsiveness of the Team
- The quality of the Technical Resource Networks established through the Team
- The Team's contribution to partnership
- The influence of the Team on political and sectoral mobilization
- The access/use/quality of Best Practice information.>

4. How could relationships be improved in the future?

5. Do the relationships between the Team, Country Program Advisors, and Geneva office affect your work? If so, in what ways?

< What solutions to this issue would you provide? >

Added value of the Team

6. In your opinion, what has been the added value of the Team at regional level?

< In what ways has the Team been especially useful? What does the Team do that other regional organizations do not do? What does the Team do better than others?

Could you give one example of positive achievement of the Team and another one showing a missed opportunity >

7. How could performance of the Team be improved in the future?

< Refer to the different functions of the Team >

New mandate of the Team

8. What do you think of the new mandate of the Team?

< Discussion on relevance of old and new mandates: Is the new one more relevant to the needs of the region? In what ways? Does it better complement mandates of other regional entities? Should some functions be performed by another organization? >

9. Within the broad mandate given to the Team, what do you think it should be focusing on?

< How to handle the balance between regional and country activities? >

10. Do you think the Team will be able to fulfil its new role with the existing capacity? If not, what would you recommend?

< Capacity refers to current skill profile of staff and financial and human resources available >

11. What are the implications on your role (as cosponsor in specific technical field) in the area of HIV/AIDS and required capacities?

< Change in mandate; Recruitment of new staff, additional financial resources etc...>

III. OTHER REGIONAL PARTNERS (OTHER UN, NGOS, BILATERALS, PRIVATE SECTOR)

< For all people interviewed, please indicate on the interview sheet the name, organization, date of interview, the date/period they personally started working with the Team. >

Relationships with the Team

1. What type of interaction do you have with the Team?

< Type of support given and/or received from the Team. Please refer to the main objectives of the Team for probing >

2. How often do you interact with the Team?

3. How satisfied are you with your interactions with the Team? Why?

<Please probe for

- The overall quality and responsiveness of the Team
- The quality of the Technical Resource Networks established through the Team
- The Team's contribution to partnership
- The influence of the Team on political and sectoral mobilization
- The access/use/quality of Best Practice information.>

3. How could relationships be improved in the future?

4. How can the Team best assist you in the future?

< What functions/thematic areas are needed? >

General questions on the Team

5. In your opinion, what has been the added value of the Team at regional level?

< In what ways has the Team been especially useful? What has the Team done that other organizations do not do? What has the Team done better than others? >

Could you give one example of positive achievement of the Team and another one showing a missed opportunity >

6. How could performance of the Team be improved in the future?

< Refer to the different functions of the Team >

7. What do you think the Team should focus on in the future?

8. Do you think some functions performed by the Team should/could be performed more effectively by another organization? Why?

9. Do the relationships between the Team, Country Program Advisors, and Geneva office affect your work? If so, in what ways?

< What solutions to this issue would you provide? >

IV. COUNTRY PARTNERS

< For all people interviewed, please indicate on the interview sheet the name, organization, date of interview, the date/period they personally started working with the Team. >

Country Program Advisors

Relationships with the Team

1. What type of interaction do you have with the Team?

< Type of support given and/or received from the Team. Please refer to the main objectives of the Team for probing >

2. How often do you interact with the Team?

3. How satisfied are you with your interactions with the Team? Why?

<Please probe for quality and responsiveness of the Team >

4. How could relationships be improved in the future?

Added value of the Team

5. In your opinion, what has been the added value of the Team?

< In what ways has the Team been especially useful for countries? What has the Team done that other organizations do not do? What has the Team done better than others?>

<Could you give one example of positive achievement of the Team and another one showing a missed opportunity >

6. How could performance of the Team be improved in the future?

New mandate of the Team

7. What do you think of the new mandate of the Team?

< Does it better correspond to country needs?>

8. Do you think the Team will be able to fulfil its new role with the existing capacity? If not, what would you recommend?

< Capacity refers to current skill profile of staff and financial and human resources available >

V. COUNTRY PARTNERS

Other country partners

< For all people interviewed, please indicate on the interview sheet the name, organization, date of interview, the date/period they personally started working with the Team. >

Relationships with the Team

1. What type of interaction do you have with the Team?

< Type of support given and/or received from the Team >

2. How often do you interact with the Team?

3. How satisfied are you with your interactions with the Team? Why?

<Please probe for

- The overall quality and responsiveness of the Team
- The quality of the Technical Resource Networks established through the Team
- The Team's contribution to partnership
- The influence of the Team on political and sectoral mobilization
- The access/use/quality of Best Practice information.>

4. How could relationships be improved in the future?

5. How can the Team best assist you in the future?

< What functions/thematic areas are needed? >

General questions on the Team

6. In your opinion, what has been the added value of the Team?

< In what ways has the Team been especially useful? What has the Team done that other organizations do not do? What has the Team done better than others? >

<Could you give one example of positive achievement of the Team and another one showing a missed opportunity >

7. How could performance of the Team be improved in the future?

< Refer to the different functions of the Team >

8. What do you think the Team should focus on in the future?

9. Do you think some functions performed by the Team should/could be performed more effectively by another organization? Why?

10. Do the relationships between the Team, Country Program Advisors, and Geneva office affect your work? If so, in what ways?

< What solutions to this issue would you provide? >

VI. RELEVANT KEY INFORMANTS IN GENEVA

< For all people interviewed, please indicate on the interview sheet the name, organization, date of interview, the date/period they personally started working with the Team. >

Relationships with the Team/among UNAIDS entities

1. What type of interaction do you have with the Team?

< Type of support given and/or received from the Team. Please refer to the main objectives of the Team for probing >

2. How often do you interact with the Team?

3. How satisfied are you with your interactions with the Team? Why?

<Please probe for quality and responsiveness of the Team >

4. How could relationships be improved in the future?

5. What do you think of the relationships between the Team, Country Program Advisors, and Parent Department in Geneva?

< Discuss issues of clarity in respective roles, relationships and reporting systems between UNAIDS entities >

Added value of the Team

6. In your opinion, what has been the added value of the Team?

< In what ways has the Team been especially useful? What has the Team done that other organizations do not do? What has the Team done better than others? >

Could you give one example of positive achievement of the Team and another one showing a missed opportunity >

7. How could performance of the Team be improved in the future?

< Refer to the different functions of the Team >

New mandate of the Team

8. What do you think of the new mandate of the Team?

< Discussion on relevance of old and new mandates: Is the new one more relevant to the needs of the region? In what ways? Does it better complement mandates of other regional entities? Should some functions be performed by another organization? >

9. Within the broad mandate given to the Team, what do you think it should be focusing on?

< How to handle the balance between regional and country activities? >

10. Do you think the Team will be able to fulfil its new role with the existing capacity? If not, what would you recommend?

< Capacity refers to current skill profile of staff and financial and human resources available >

ANNEX 3

LIST OF DOCUMENTS REVIEWED¹²

Background documents

1. Regional Coordination Mechanism (RCM) Thematic Working Group on HIV/AIDS
2. Overview of UBW resource situation in Asia
3. UNAIDS UBW 2002 - 2003 Planning worksheet (Asia/Pacific and Middle-East Division, Geneva)
4. Context of UN system efforts against HIV/AIDS
5. Mission, role and functions of the UNAIDS secretariat
6. Background note: United Nations system coordination on HIV/AIDS in Asia and the Pacific
7. Realignment of the UNAIDS secretariat (Briefing note)
8. Update on UNAIDS secretariat realignment (PowerPoint slides)

APICT/SEAPICT strategic plan, work plans and budgets

9. APICT strategic plan 1997-2000 (Annex A)
10. APICT budget and work plan for 4th quarter (October - December 1998)
11. UNAIDS APICT budget and work plan for January - December 1999
12. APICT work plan 2000
13. APICT budget and work plan 2000/2001
14. SEAPICT work plan 2001
15. ICT Southeast Asia/Pacific (Bangkok) 2001 work plan/budget

Documents on APICT/SEAPICT activities

16. APICT: Status of activities included in the 1998 fourth quarter - budget and work plan (as of 31/12/98)
17. APICT: Annual report year 2000
18. UNAIDS APICT achievements in the year 2000
19. APICT activities
20. SEA-AIDS moving forward
21. AUDIT report No. 99/537, UNAIDS Intercountry Teams, April 1999
22. Visit to the Asia Pacific Intercountry Team, Bangkok, Thailand
23. Respond to the document: Visit to the Asia Pacific Intercountry Team, Bangkok, Thailand
24. Get A PICTURE
25. SEe A PICTURE

SEAPICT new mandate

26. SEAPICT Unit profile
27. Individual job profile (for P2, P4 and P5)
28. Five roles of ICT

¹² Progress reports and financial statements for 97-99 were not available

ANNEX 4

LIST OF PERSONS INTERVIEWED

REGIONAL LEVEL

Cosponsors

Wayne Bazant, Demand Reduction Advisor, UNDCP
Sheldon Shaeffer, Director, UNESCO
Wiwat Rojanapithayakorn, former Team Leader, SEAPICT
Ghazi Farooq, Director, UNFPA/CST
Chaiyos Kunanusont, Advisor on HIV/AIDS and STIs, UNFPA/CST
Robert England, Representative and UN Resident Coordinator, UNDP
Lee-Nah Hsu, Manager, South East Asia HIV and Development Project, UNDP
Gunnar Walzholz, Associate Expert, ILO
Rodney Hatfield, Deputy Regional Director, UNICEF EAPRO

Other partners

Nanda Krairiksh, Chief, HRD Section, Social Development Division, ESCAP
Caroline Francis, CIDA
Neil Brenden, Asia Director, FHI
Tim Westbury, AusAID
Stephen Walker, AusAID
Delna Gandhi, DFID
Anthony Pramualratana, TBCA
Somthong Srisudhivong, Norwegian Church AID
Natashya Yong, APN+
Mechai Viravaidya, UNAIDS Ambassador

Team members

Anthony Ernst Lisle, Program Development Advisor, Acting Team Leader
Steve Kraus, Program Development Advisor
Paul Toh, Program Development Advisor
David Bridger, Program Development Advisor
Anindya Chatterjee, Program Development Advisor
Eriko Saito, Junior Professional Officer
Jette Neilsen, Junior Professional Officer

COUNTRY LEVEL

Myanmar

Hla Htut Lwin, National Consultant
Agostino Borra, WHO and Chair UN Theme Group on HIV/AIDS
NGOs and INGOs namely, MANA, Myanmar Red Cross Society, Myanmar Health Assistance Association, Myanmar Maternal and Child Health and Welfare, Myanmar Medical Association, Save the Children (UK).
Pirkko L. Heinonen, Health and Nutrition section, UNICEF
UN Technical Working Group including Aaron Peak, Tin Aong Cho, Yasuyo Yamaguchi, etc.

Viet Nam

- Laurent Zessler, Country Program Advisor UNAIDS
Vu Thi Thanh, Deputy Director M.H. Project, Ministry of Health
34. Trinh Quan Huan, Director of Preventive Medicine Department, Ministry of Health
35. Doris Buddenberg, UNDCP representative
36. Omer Ertur, UNFPA Representative and UN Theme Group Chairperson
37. Focal point on HIV/AIDS, UNDP
38. Deborah Lawrence, HIV/AIDS focal point GTZ
39. Andrew Scyner, World Bank manager Viet Nam Development Information Center

Cambodia

40. Geoff Manthey, Country Program Advisor UNAIDS
41. Nuth Sokhom, National AIDS Authority
42. Ly PO, Secretary of State, Vice Chairman National AIDS Authority
43. Mean Chhi Vun, Director of NCHADS
44. Maj. Tan Sokhey, Chief STD/HIV/AIDS Unit, Ministry of Defence
45. Bill Pigott, WHO Representative and Chairperson, UN Theme Group on HIV/AIDS
46. UN Technical working group members
47. Ngudup Paljor, MCH Advisor, USAID
48. Chantha Chak, Project Management Specialist, USAID
49. Chawalit Natpratan, Country Director, FHI
50. Pok Panhavichetr, Executive Director, KHANA

HEADQUARTERS LEVEL

51. Kathleen Cravero, Deputy Executive Director
52. Clement Chan Kam, Chief, Theme Group Support Unit
53. Werasit Sittitrai, Associate Director, Asia Pacific & Middle East
54. James Sherry, Director, Program Development and Coordination Group
55. Michel Carael, Chief Evaluation Unit Program Development and Coordination Group
56. Jean-Louis Lamboray, Chief, Technical Network Development, former Team Leader,
57. Iris Semini, former ICT focal point, PSR

ANNEX 5

WORK PLANS 1999, 2000, 2001

Work plan 1999

Program area	Specific objectives	Budget	% total budget	Outputs
Support to national responses	✓ Assist partners in situation assessments, program reviews and strategic planning	240,000	13%	✓ Technical support through field visits ✓ Meetings Workshops
Information/networks	✓ Increase e-mail connectivity among HIV/AIDS organizations ✓ Provide access to HIV/AIDS materials through print and electronic formats ✓ Build capacities of CPAs, cosponsors, key partners in the use of information technology	373,000	21%	✓ E-mail connectivity ✓ Needs assessment ✓ Capacities built ✓ ISC established ✓ SEA-AIDS functioning
Mobile populations	✓ Identify and analyse the HIV/AIDS problems of migrant groups and mobile populations ✓ Integrate guidelines for HIV/AIDS awareness, prevention and care in all infrastructure and economic development projects	357,000	20%	✓ Task Forces meetings ✓ Awareness raised through panel sessions ✓ HIV/AIDS prevention projects for land/water transport workers ✓ Situation assessments ✓ Impact on the financial crisis on mobile populations conducted
Injecting drug use	✓ Strengthen knowledge base on injecting drug use and responses ✓ Strengthen joint action by key partners on policy formulation, strategic planning, review, and advocacy on drug use	230,000	13%	✓ Situation analysis ✓ Task Force meetings ✓ Senior officials meetings
Youth	✓ Strengthen joint action on youth ✓ Develop materials promoting role of people with HIV/AIDS and family, acceptance and support	157,000	9%	✓ Operational kits/handbooks/training manuals produced ✓ Video adapted in three countries ✓ Task Force meetings
Community mobilization	✓ Develop a regional strategy on social mobilization ✓ Assist in the national TRN on community mobilization ✓ Provide technical support to community groups	164,000	9%	✓ Regional strategy on social mobilization for jointly addressing TB and HIV/AIDS in priority countries ✓ Needs assessment
Mother to child transmission	✓ Assist in situation analysis ✓ Promote national strategies for prevention and control MTCT	80,000	5%	✓ Situation analysis ✓ Regional strategy developed ✓ Proposals developed and submitted for funding
Vaccine development	✓ Collaborate at regional level, and advocate for the development of HIV/AIDS vaccine	4,000	-	✓ Briefings ✓ Material developed
Administration (exclusive personnel costs)		192,200	10%	
TOTAL		1,797,200	100%	

Work plan 2000

Program area	Specific objectives	Budget	% total budget	Outputs
Mobile populations	<ul style="list-style-type: none"> ✓ Support the development and implementation of operational interventions ✓ Support the development of policy and strategic planning for HIV/AIDS programs in the land and water transport sectors 	387,000	17%	<ul style="list-style-type: none"> ✓ Task Force meetings ✓ Operational interventions for seafarers ✓ Education package integrated in training curricula of select maritime training institutions
Prevention MTCT	<ul style="list-style-type: none"> ✓ Facilitate the process of policy definition on PMTCT ✓ Support countries in developing locally tailored strategies to integrate the PMTCT of HIV in the UN integrated work plan 	385,000	17%	<ul style="list-style-type: none"> ✓ Capacities built ✓ Functional Task Force ✓ Functional TRN on PMTCT
Program development, Resource mobilization, and strategic planning	<ul style="list-style-type: none"> ✓ Facilitate and coordinate the UN system response ✓ Mobilize political support for HIV/AIDS prevention and care ✓ Strengthen capacities in strategic planning 	349,000	15%	<ul style="list-style-type: none"> ✓ Strategies developed ✓ Meetings/Workshops
Drug Use	<ul style="list-style-type: none"> ✓ Strengthen knowledge base on injecting drug use and responses ✓ Strengthen joint action by key partners on policy formulation, strategic planning, review, and advocacy on drug use 	300,000	13%	<ul style="list-style-type: none"> ✓ Intervention projects initiated ✓ Materials produced ✓ Key staff trained ✓ Task force and senior officials meetings
Information exchange and TRN	<ul style="list-style-type: none"> ✓ Support sharing of information on HIV/AIDS among organizations using a variety of mechanisms 	245,000	11%	<ul style="list-style-type: none"> ✓ Information Support Centre Networks strengthened ✓ SEA-AIDS maintained ✓ APICT information products disseminated
Community care and GIPA	<ul style="list-style-type: none"> ✓ Advocate for PLWHA ✓ Promote the GIPA initiative 	235,000	10%	<ul style="list-style-type: none"> ✓ Task Force on care and support established ✓ Brochures, booklets produced ✓ Exhibitions
Social mobilization for TB-HIV/AIDS	<ul style="list-style-type: none"> ✓ Stimulate policy dialogue for integrated TB and HIV approaches 	89,000	4%	<ul style="list-style-type: none"> ✓ Meetings to discuss policies for integrated HIV/TB responses ✓ IEC materials developed
Condom promotion among people in high risk situation	<ul style="list-style-type: none"> ✓ Provide technical guidance and strengthen capacity of countries in condom promotion strategies ✓ Collaborate with partners to assist in piloting 100% condom use program 	82,000	4%	<ul style="list-style-type: none"> ✓ Pilot projects implemented ✓ Workshops
Advocacy and communication	<ul style="list-style-type: none"> ✓ Provide technical assistance in social mobilization and communication for regional initiatives 	55,000	3%	<ul style="list-style-type: none"> ✓ Task Force on youth
Administration		136,360	6%	
Total		2,263,360	100%	

Work plan 2001

Program area	Specific objectives	Budget	% total budget	Outputs
Mobile populations	<ul style="list-style-type: none"> ✓ Support the development and implementation of operational interventions ✓ Facilitate the work of the Task Force on mobility ✓ Facilitate national level effort to address mobility in national strategies 	425,698	22%	<ul style="list-style-type: none"> ✓ Task Force meetings ✓ Operational interventions ✓ Training modules, materials developed
Prevention MTCT	<ul style="list-style-type: none"> ✓ Provide technical support to the implementation of lead initiatives on MTCT in selected countries 	93,800	5%	<ul style="list-style-type: none"> ✓ Functional Task Force ✓ Regional and country specific communication strategy
Program development, Resource mobilization, and strategic planning	<ul style="list-style-type: none"> ✓ Facilitate and coordinate the UN system response ✓ Mobilize political support for HIV/AIDS prevention and care ✓ Strengthen capacities in strategic planning 	98,000	5%	<ul style="list-style-type: none"> ✓ UBW 2002-2003 ✓ Strategies developed ✓ Meetings/Workshops
Drug Use	<ul style="list-style-type: none"> ✓ Strengthen knowledge base on injecting drug use and responses ✓ Strengthen joint action by key partners on policy formulation, strategic planning, review, and advocacy on drug use 	375,000	19%	<ul style="list-style-type: none"> ✓ Intervention projects initiated ✓ Best practices produced ✓ Key staff trained ✓ Situation assessment ✓ Task force and senior officials meetings
Information exchange and TRN	<ul style="list-style-type: none"> ✓ Support sharing of information on HIV/AIDS among organizations using a variety of mechanisms 	204,000	10%	<ul style="list-style-type: none"> ✓ Information Support Centre Networks strengthened ✓ SEA-AIDS maintained ✓ Regional HIV/AIDS Web Portal operational
Community care and GIPA	<ul style="list-style-type: none"> ✓ Advocate for PLWHA ✓ Promote the GIPA initiative 	360,000	18%	<ul style="list-style-type: none"> ✓ Task Force on care and support meetings ✓ Other meetings ✓ Brochures, booklets produced ✓ Exhibitions ✓ Adaptation of video ✓ Best practices produced
Social mobilization for TB-HIV/AIDS	<ul style="list-style-type: none"> ✓ Stimulate policy dialogue for integrated TB and HIV approaches 	89,000	5%	<ul style="list-style-type: none"> ✓ Meetings to discuss policies for integrated HIV/TB responses ✓ IEC materials developed
Condom promotion among people in high risk situation	<ul style="list-style-type: none"> ✓ Provide technical guidance and strengthen capacity of countries in condom promotion strategies ✓ Collaborate with partners to assist in piloting 100% condom use program 	82,000	4%	<ul style="list-style-type: none"> ✓ Pilot projects implemented ✓ Workshops
Youth, advocacy and communication	<ul style="list-style-type: none"> ✓ Provide technical assistance in social mobilization and communication for regional initiatives 	100,000	5%	<ul style="list-style-type: none"> ✓ Task Force on youth ✓ Youth activities in selected countries following UNGASS
Administration		129,260	7%	
Total		1,956,758	100%	

ANNEX 6: APICT KEY ACHIEVEMENTS

Program area	Key achievements (technical and financial support)
Mobile populations	<ul style="list-style-type: none"> ✓ Support to projects <ul style="list-style-type: none"> National Railways HIV/AIDS Prevention project in Mongolia Love Boat along the Ayeyarwady River Project in Myanmar ASEAN Marine Industries HIV/AIDS Project (Thailand, Cambodia, Viet Nam, South East and East Asia) Mobile population projects (China, Greater Mekong sub-region) Mobile population and HIV vulnerability mapping (Lao PDR, Cambodia) ✓ Policy and strategic frameworks introduced ✓ Workshops (ASEAN, ESCAP/UNDP/UNAIDS)
Prevention MTCT	<ul style="list-style-type: none"> ✓ Support to projects in Cambodia, Myanmar, Papua New Guinea, Thailand) ✓ Quarterly technical updates on PMTCT published ✓ Task Force on PMTCT strengthened ✓ Electronic resource network established ✓ Regional communication framework established
Program development, Resource mobilization, and strategic planning	<ul style="list-style-type: none"> ✓ UNAIDS Regional Unified Work plan and budget 2002-2003 ✓ UN integrated work plans in Lao PDR and Myanmar ✓ UN medical staff trained ✓ Inter-country meeting of parliamentarians from East and South-East Asia ✓ UN Inter-Agency project on trafficking of women and children in the Mekong sub-region ✓ Adolescent reproductive health workshop ✓ Common country assessment and UNDAF workshops ✓ Regional consultations
Drug Use	<ul style="list-style-type: none"> ✓ Support to Task Force on drug use and vulnerability & Asian Harm Reduction Network ✓ Advocacy through workshops (China, Indonesia, Cambodia) ✓ Technical support to CPAs and Theme Groups (Bangladesh, China, Indonesia, Myanmar, Nepal, Pakistan) ✓ Documents published
Information exchange and TRN	<ul style="list-style-type: none"> ✓ WB infoDev project implemented ✓ TRNs in key thematic areas developed ✓ Databases to improve knowledge management capacity of UNAIDS APICT in the region developed ✓ Materials including best practices and SEAPICT Newsletters disseminated ✓ AIDSFlash electronically disseminated ✓ Information/media activities for several regional events coordinated
Community care and GIPA	<ul style="list-style-type: none"> ✓ Technical support to key partners ✓ Joint mission on access to HIV drugs in Thailand ✓ Advocacy and inputs for conferences
Social mobilization for TB-HIV/AIDS	<ul style="list-style-type: none"> ✓ Support to conferences on TB and development ✓ TB-HIV Internet forum based in Bangkok developed
Condom promotion among people in high risk situation	<ul style="list-style-type: none"> ✓ 100% condom use project in Cambodia, Thailand, Myanmar, and Viet Nam

ANNEX 7 SUMMARY OF COUNTRY VISITS

VIET NAM

SEAPICT KEY ACHIEVEMENTS

SEAPICT has been successful in regional advocacy and network facilitation. According to the CPA (who has been working with the Team since its establishment), key achievements of the Team are related to its advocacy role (mainly on drug use, 100% condom promotion in a few countries) and network facilitation (SEA-AIDS project).

The impact of Task Forces originally coordinated by the Team in Viet Nam has received mixed reviews. According to the CPA, the purpose of those Task Forces should be to share best practices, advocate for certain issues, and discuss future interventions. In some instances, objectives could not be achieved for two main reasons: the Team did not involve country partners at the planning stage (especially for the selection of country participants) and did not ensure that a follow-up mechanism was set up at country level. The only Task Force reported as useful in Viet Nam was the one on PMTCT because country members are applying in their work lessons learnt from other participants' experiences.

RELATIONSHIPS WITH THE TEAM

SEAPICT/CPA

SEAPICT has made efforts in involving CPAs in the planning phase of the Team's activities. However, the CPA believes that consultations would be more efficient if the Team's work plans were based on countries' demands instead of having all CPAs sending comments to plans first prepared in Bangkok. At the moment, there are no criteria for country support; contact takes place on ad hoc basis, triggered either by the Team or the CPA.

SEAPICT/CPA/HQs Desk

More flexibility should be given to the Team for inter-country duty travel. Currently, both CPAs and SEAPICT report directly to the geographical Desk although CPAs are more "independent" than SEAPICT. The Team is perceived as too micro-managed from the top for trips to be made between countries and other regular operations. When asked about the possibility of relocating the Desk in Bangkok, the idea was well received although the current situation does not seem to be a problem.

SEAPICT / cosponsors

Overall, cosponsors do not interact directly with the Team as they have their own offices at regional level. In general, they all thought that communication between agencies' regional and country offices needed to be improved, especially for regional projects that are supposed to be implemented in the country.

The World Bank representative met was the only one who did interact with the Team as part of the Distance Learning Project implemented in 6 countries. Unfortunately, SEAPICT could not assist as expected mainly because of overload. Project managers ended up contacting directly other country counterparts for the organization of the first seminar. The World Bank representative hopes that the Team could help them mobilize people from different countries through its contacts in the future.

ROLE OF THE TEAM

The Team should be composed of generalists, a multi-disciplinary group focusing on regional advocacy (with ASEAN, ESCAP), information sharing (a clearing house), and brokerage of technical

resources. “Regional coordination should grow and evolve out of the national needs. It should be demand-driven from the national level. At the moment, we have regional projects imposed to countries, a standardized model that is so general that we do not learn much”, reported the representative of UNDCP. Some thought that the Team should *not* provide direct assistance to countries because it does not have the capacity to cover the entire region.

CAMBODIA

SEAPICT ACHIEVEMENTS

SEAPICT is seen to have performed well in regional advocacy, information sharing, and technical assistance in strategy. When asked about SEAPICT achievements, only direct partners of the Team (mainly the CPA, some cosponsors and to a certain extent bilateral agencies) could respond to this question. SEAPICT was helpful in providing technical assistance in strategy, regional advocacy and information sharing (mainly through SEA-AIDS).

The impact of Task Forces originally coordinated by the Team at country level has received mixed reviews. In Cambodia, three Task forces seem to have made a difference at country level: the Task Forces on PMTCT (guidance on policy, implementation, M&E tools), condom promotion (success of advocacy efforts in Myanmar), and drug use (some activities took place after the meetings especially that there is no surveillance for IDU). The key for success is the selection of participants. They should be at policy-making level to impose policies, implementation level to be able to implement, and committed enough to transfer the skills to other country counterparts. Also, country mechanisms need to be set up to follow-up on whatever has been decided on a specific issue.

RELATIONSHIPS WITH PARTNERS

SEAPICT/CPA

Long-term planning and better information flow between the Team and CPAs are required. The CPA in Cambodia recognizes that some CPAs in South East Asia do not know what the Team can offer and how they can assist each other. In his case, relationships with SEAPICT have been excellent so far as he considers Team members as “an extension to CPAs”. Whenever needed, they contact each other and assist accordingly (he represents them at regional meetings and they go to Cambodia to provide technical assistance).

SEAPICT/OTHER PARTNERS

As seen in Viet Nam, other partners do not have direct relationship with SEAPICT. NGOs got support through the “infoDev project” or regional networks such as SEA-AIDS. Government officials met some Team members who came to provide assistance in the development of the national strategic plan. Overall, UNAIDS partners at country level do not understand well the relationships and respective roles of UNAIDS entities at country, regional and global levels.

ROLE OF THE TEAM

SEAPICT should focus on regional advocacy, information sharing including best practices, technical resource networking in support of countries, cross-border issues and to some extent direct support in strategy. “In certain instances, the Team has acted as implementers and not facilitators (example of PLWHA project in some countries). It is not because projects need to be implemented in several countries that the Inter-Country Team should implement them”, reported the Representative of WHO. All thought that the Team could play a key role supporting ASEAN countries through regional advocacy.

MYANMAR

Role of SEAPICT

Below some suggestions made by respondents on SEAPICT role in view of experiences seen in Myanmar:

SEAPICT should

- Focus on brokering technical resource networks instead of supplying direct assistance,
- Act as managers and not implementers,
- Be more productive and make quick decisions without going through the red tape in Geneva,
- Work through CPA in shaping the country strategy,
- Have experience in multi-sectoral issues.